

February 17. Dr. NOEGGERATH read a detailed account of the macro- and microscopical examination of those ovaries. "The ovaries," he stated, "are of normal size, covered with numerous fine thread-like adhesions and filaments. Under the microscope both ovaries were found to be in a high degree of interstitial inflammation and fatty degeneration, the Graafian follicles partly obliterated and partly filled with hemorrhagic clots." A number of bodies similar to and probably Pacinian corpuscles, with what appeared to be nervous filaments leading to them, were found in the ovaries, from the whole appearance of which it was evident that no treatment short of removal would have been of service."

He attributes the constant and agonizing pain experienced by the patient in the ovaries not to the fatty degeneration, but principally to the inflammation of the peritoneal envelope of the organ and the consequent cicatricial contraction. This perimetritis may have been present since childhood, for he has seen a case in a child two and a half years of age.—*Am. Journ. of Obstet.*, May, 1874.

Bromide of Ammonium in Catamenial Excesses.—Dr. J. K. BLACK, of Newark, Ohio, has often tested the efficiency of this preparation in non-structural excesses, and he speaks (*Cincinnati Lancet and Observer*, May, 1874) with confidence of its valuable powers. He says he no more certainly anticipates the arrest of an attack of ague by the administration of quinia than does he anticipate the control of the forms of catamenial excess referred to, by the proper administration of the bromide of ammonium.

In the administration of the remedy an essential rule is, that its use shall precede the expected period by at least ten days. Its administration only during the crisis will do very little, if any, good. The sedative influence of the remedy must precede and accompany the stage of ovarian and uterine vascular engorgement, which itself preceded the flow by several days.

Some writers have spoken quite favourably of the remedy in dysmenorrhœa and menorrhagia, administered in the usual manner; that is, during the crisis only. Having been frequently called to see cases of these disorders during their progress, I have failed to observe any very satisfactory evidence of its controlling power while administered only during the emergency. But when administered according to the above directions, it has not only, almost without exception, lessened a regular monthly excess, but it has, in appropriate cases, in quite a number of instances which I can recall to memory, changed a two-week into a four-week crisis.

It is only necessary to say to the inexperienced practitioner, that any associated disorder, which has even a remote bearing upon the menstrual excess, should receive appropriate attention, else the controlling power of the bromide may be more or less uncertain or transitory in its beneficial effects.

Observations on the Normal Pulse, Respiration, and Temperature of Puerperal Women.—Dr. G. WILDS LINN, late Resident Physician to the Philadelphia Hospital, reports his temperature observations in a series of 24 normal puerperal cases occurring in the Philadelphia Hospital. The observations were begun immediately after delivery and continued for nine days, during which time the patients were kept in bed. The temperature was observed in the axilla at 9 A. M. and 8 P. M. While the cases were under observation no alcoholic stimulants were allowed. The diet consisted of milk, eggs, beef-tea, and mutton, with coffee or tea, and bread, toasted or plain, with butter.

The conclusions deduced from these observations are:—
 1. That the normal temperature of the puerperal woman is only about .6° F. higher than that of the healthy human being, if we accept the statement of Wunderlich, that the mean normal temperature is 98.6° F. (= 37° C.).
 2. That the normal pulse of the puerperal woman is not more frequent than that found under ordinary conditions in a state of perfect health.
 3. That the number of respirations is increased if the statement of physiologists be received, that the number of respirations of the healthy woman ranges from 18 to 20 per minute.

4. That the generally received opinion that the secretion of milk is attended by an increase in temperature of one or more degrees, and an increase in the frequency of the pulse of 10 or 12 beats per minute, is erroneous.

5. That a temperature of 100° F. (= 37.77° C.) or a pulse of 100 per minute in the lying-in woman is indicative of some pathological process which it behooves the accoucheur to discover at once, in order that proper measures may be taken to arrest its development and remove the evil.—*Philada. Med. Times*, May 9, 1874.

These observations are in accord with those previously published by Barker, Winkel, Wolff, and Baumfelden.

Hydro-chloral by the Rectum in the Vomiting of Pregnancy.—Dr. D. B. SIMMONS, Chief Surgeon to Ken Hospital, Yokahama, Japan, reports (*Medical Record*, June 1, 1874) four cases of excessive vomiting of pregnancy in which 30 grain doses of chloral morning and evening, administered in mucilage by the rectum, afforded marked relief.

Should another opportunity offer, writes Dr. Simmons, for a trial of this plan of treatment, we have decided to commence with larger doses, being convinced that a decided impression, produced by the medicine at first, will require its repetition but two or three times to put an end to the disease, for the time at least.

We believe that hydro-chloral, administered in this manner, will relieve most cases of nervous or sympathetic vomiting, where there is no inflammation especially. Even in strangulated hernia, on theoretical grounds, it ought to act well, not only in checking the vomiting, but in producing relaxation. We should give it a trial also in cholera.

Drainage in Obstinate Chronic Inflammation of the Bladder.—Dr. HUNTER McGUIRE reports (*Virginia Med. Monthly*) a case of "chronic inflammation, and probably ulceration of the bladder," of eight years' duration, successfully treated by drainage; but instead of effecting this by opening the vesico-vaginal septum, as done by Simpson, Emmet, and Parvin, he introduced a piece of gum tubing, the portion of which to be introduced into the bladder was perforated by a shoemaker's punch, with holes half an inch apart. A straight silver tube was first passed into the bladder, and the gum tubing introduced through it; the silver tube was then withdrawn, and the gum one secured in place, and the free end put into a bottle to catch the urine. A vaginal suppository of morphia and belladonna was introduced. The catheter was removed and cleaned, a new one substituted whenever necessary, and the vaginal suppository was also repeated every twelve hours. Afterwards Dr. McG. substituted a large silver catheter, nearly straight, with a large vesical opening for the gum tube. At the end of six weeks a gum bag was attached to the free end of the silver catheter, so as to allow the patient to get up and walk about. This treatment was continued for four months, when the tube was removed from the bladder. There was for some time afterwards incontinence of urine, but the bladder gradually regained its healthy power, and eight months after the commencement of the treatment the patient could retain her urine for about three hours, and void it without pain; and, except the increased frequency of micturition, which is growing less, the patient is reported to be well.

Restraint of Hemorrhage during Operation in the Mouth.—Prof. E. ANDREWS recommends (*Medical Examiner*, April, 1873) the following procedure, suggested to him by Dr. Ira Manly, of Markezan, Wis., to overcome the difficulties encountered from hemorrhage in operations in the mouth.

The patient being first etherized in the ordinary way, the mouth is held open by an instrument devised for the purpose by Prof. E., and then the spray from the ether spray apparatus is to be directed upon the roof of the mouth, but not with such intensity as to produce freezing. The cold thus produced contracts the vessels, so that Prof. E. was able to perform uranoplasty with comparatively little delay from hemorrhage, or accumulation of mucus. At the same